

## MS AKT Style Guide

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## What's New in Version 4 of the Style Guide ?

- What vs Which?  
Use 'What?' for most lead-in questions. Use 'Which?' if candidates can readily infer the five options from the stem (e.g. the patient takes five medications) or if the range of possible options is explicitly limited, e.g. 'Which carpal bone...?'
- Eponyms. Do not use a possessive apostrophe for eponyms, e.g. use 'Down syndrome' rather than 'Down's syndrome'.
- Bacterial names. Use lower case when using bacterial names to describe a condition, e.g. staphylococcal infection, legionella pneumonia.
- Second cover test. Students should not be able to answer a question without first reading the stem. This avoids redundant stems, e.g. 'What is the main mechanism of action of pyridostigmine?'
- Use lower case for all hospital departments (e.g. emergency department, intensive care unit, outpatients clinic)
- Urinalysis and peak expiratory flow rate are usually included as part of the examination.
- Use generic names for medicines rather than proprietary (brand or trade) names if possible. If a proprietary name is more appropriate, use a superscripted ® symbol.
- Use medicines names as written in the British National Formulary (BNF). However, full generic names (e.g. warfarin sodium, metformin hydrochloride) are not necessary unless there is more than one prescribable salt, e.g. calcium gluconate, calcium chloride.
- Normally place a paragraph space between history and examination, and before investigations.
- Subscript and superscript can be challenging for people with dyslexia, and so are limited to specific situations.
  - Superscript is used for isotopes, e.g. <sup>14</sup>C, <sup>131</sup>I
  - Subscript is used for arterial blood gas tensions e.g. PO<sub>2</sub>, CO<sub>2</sub>.
  - B12, FEV1, HbA1c, KCO and TLCO are written without subscripting.

## Advice on coding (tagging)

### Area of clinical practice

Code to the specialty area that would be the specialist team most likely caring for this patient (or if in primary care, the team that the patient might be referred to).

- **Child health:** Most presentations in children aged under 12 years would be managed by general paediatrics. Thus, a 10 year old with asthma should be coded 'Child health' rather than Respiratory medicine.

- **Medicine of the Older Adult:** Most presentations in elderly people with age-related conditions, complex multimorbidity or frailty, or where best management is to optimise functional independence and well being.

### **Supplementary areas of clinical practice**

- **Acute medicine**
  - For acute (within 72 hours) medical presentations, typically managed on an Acute Medical Unit.
  - Note this differs from Emergency Medicine, which implies an immediate threat of death or of ITU care.
- **Surgery**
  - For questions with a surgical theme that would be managed by a surgeon
  - For questions relating to a surgical intervention or its complications or implications.
- **Clinical Imaging**
  - For questions relating to a radiology procedure, either as the basis of the question or as the correct answer.
  - For questions that include an image of the radiology

### **Multimorbidity**

- For questions where the patient has three or more chronic medical conditions, i.e. 'complex multimorbidity'. Note that 'multimorbidity' normally denotes having two or more conditions.

### **Equality, diversity, inclusion**

For questions that

- Mention race, religion or belief, sexual orientation, or gender reassignment
- Mention skin colour or includes an image showing skin colour
- Use living with a disability as the focus of the question
- Use marriage or civil partnership as the focus of the question
- Use neutral pronouns (they/them/their)

### **Abbreviations**

- Some clinical conditions have now been added to the accepted abbreviations list (see appendix).

## Introduction

This document provides a guide to the house style used for the Medical Schools Applied Knowledge Test (MS AKT) items and questions within the MSCAA question bank available to medical schools in the UK. The aim is to standardise the format of each question and to produce items that are consistent in style.

The guide is divided into general information about each element of the question followed by an A to Z index covering specific elements of question construction.

This style guide has been updated from the third edition of the MSCAA Style guide, based originally upon the guide written by Dr John Mucklow for the Royal College of Physicians.

## Overall format of the SBA Question

Each single best answer (SBA) question comprises a clinical scenario ('the stem'), followed by a single-lined question ('the lead-in') and a list of five options (one correct answer and four distractors).

Each question item also requires a justification explaining why the answer is correct and must be appropriately labelled ('tagged') to facilitate appropriate inclusion in exam papers.

### The Stem (or vignette)

- Write in the present tense
- Write in the third person (e.g. not the nurse asks you...)
- Start clinical stems with the patient's age and gender, e.g. A 22 year old woman
- Do not use names for patients
- Give the presenting symptoms in the first sentence
- Aim for a stem length of 30–100 words
- Do not include extraneous details (i.e. details not relevant to any of the options)
- Use the simplest and most concise way of phrasing information e.g. 'start' rather than 'commence', 'stop' rather than 'discontinue'
- Use short sentences and remove unnecessary words
- Use a clinical stem for almost all questions (including basic science): a clinical context increases face validity
- Avoid describing poor clinical practice or errors.

### The Lead-in

The lead-in should:

- Pass both 'cover tests'
  1. Students should be able to infer the correct answer without needing to see the options. This avoids questions such as, 'Which of the following is correct?'

2. Students should not be able to answer a question without first reading the stem. This avoids redundant stems, e.g. 'What is the main mechanism of action of pyridostigmine?'
- Use 'What?' for most lead-in questions. Use 'Which?' if candidates can readily infer the five options from the stem (e.g. the patient takes five medications) or if the range of possible options is explicitly limited, e.g. 'Which carpal bone...?'
  - Avoid negative phrasing, such as 'What is the least likely diagnosis?'

## The Five Options

The five options should:

- be relevant to the stem and to the lead-in
- be plausible and realistic, with no obviously redundant answers
- be as short as possible, preferably each with one component
- be homogeneous in length and content e.g. all diagnoses or all treatments
- be written in sentence case (first word capitalised)
- be listed in alphabetical order, numerical order or the most logical order. Options starting with a number or a Greek character should be placed first.
- include the best answer: if there are two equally good answers, change the question to make one best answer rather than omitting a best option.

## The Justification

Each question requires a justification to help those reviewing the question (before and after the exam is delivered) to understand why the answer is both correct and up to date. The justification should include appropriate evidence where appropriate, e.g. NICE guidelines number and last update (e.g. NICE CG187 Acute heart failure: diagnosis and management, Nov 2021) or CKS summaries (e.g. NICE CKS Pancreatitis – acute, May 2021).

## Tagging (see appendix 2)

All questions require a single tag to each of these domains:

- Area of clinical practice (MLA)
- Area of applied knowledge (MLA)
- Care setting (MLA)
- Condition (MLA)
- Presentation (MLA)

Where appropriate, questions should also be tagged to the following:

- Supplementary area of clinical practice

- Acute medicine
- Surgery
- Clinical Imaging
- Multimorbidity
- Equality, diversity and inclusion

## Abbreviations

- Permitted abbreviations are listed in the appendix.
- If in doubt, write the word or phrase in full.
- Write chemical compounds out in full e.g. sodium chloride.
- Write most clinical conditions out in full, e.g. 'multiple system atrophy'. For commonly accepted abbreviations that appear more than once in the question, add the abbreviation in brackets at first use, and thereafter use the abbreviation.
- Abbreviate units of measurement e.g. cm, L, mL,  $\mu\text{mol/L}$  and mmHg (note upper case 'L' for litres)
- Do not use full stops between capital letters in permitted abbreviations (e.g. CT scan not C.T. scan).
- Write investigation groupings out in full e.g. thyroid function tests, not TFTs.

## Bacteria

- Capitalise the first letter of bacterial genus names but use lower case for species names e.g. *Pneumocystis jirovecii*.
- Use lower case when using bacterial names to describe a condition, e.g. staphylococcal infection, legionella pneumonia.
- Do not italicise bacterial names (or gene names, or website addresses), as italic script can be challenging for dyslexic candidates.

## Capital letter / lower case

- Capitalise the first letter of proper names (e.g. Gram-positive bacillus)
- Capitalise the first letter of investigation results when appearing as a list
- Use lowercase for:
  - clinical specialties (e.g. endocrinologist)
  - conditions (e.g. type 2 diabetes mellitus)
  - generic drug names (proprietary names, if used, take a capital letter)
  - hospital departments (e.g. emergency department, intensive care unit, outpatients clinic)
  - job titles in a generic sense e.g. a surgeon attends

## Clinical Examination Findings

- Avoid the phrase, 'On examination'
- The recommended order for initial observations is: temperature, pulse, BP, respiratory rate, and oxygen saturation.  
 'Her temperature is 38°C, pulse 84 bpm, BP 120/80 mmHg, respiratory rate 12 breaths per minute and oxygen saturation is 96% breathing air.'

- Use pulse rather than pulse rate i.e. her pulse is 84 bpm
- GCS scores (accepted abbreviation for Glasgow Coma Scale) should include its individual elements, e.g. Her GCS score is 7 (E1, V2, M4)
- Urinalysis and peak expiratory flow rate are usually included as part of the examination.

### **Dermatology questions and EDI**

- Consider whether the skin's description would apply to all skin tones. For inflamed skin, use 'warmth' and 'swelling' as initial descriptors before using 'redness' or 'erythema'. Avoid using descriptors such as 'salmon pink' or 'rose-coloured'. The British Association of Dermatologists provide helpful advice and descriptors: <https://cdn.bad.org.uk/uploads/2022/02/29200007/Skin-diversity-descriptors-erythema-redness-guidance.pdf> and [dn.bad.org.uk/uploads/2022/02/29200007/Skin-diversity-descriptors-guidance-document-1-HCP-March.pdf](https://cdn.bad.org.uk/uploads/2022/02/29200007/Skin-diversity-descriptors-guidance-document-1-HCP-March.pdf)
- For dermatology questions with no image, mention the skin colour / ethnicity in the vignette, e.g. A 26 year old black woman.... This is not necessary for questions with an image.
- Most dermatology questions require EDI tagging (nationality / ethnicity), having described or depicted skin colour.

### **Dialysis**

- Write 's/he has dialysis three times weekly', rather than 's/he is dialysed three times weekly.'

### **Drug history and writing drug prescriptions**

- Write 's/he takes', not 's/he is on'
- Write 's/he is treated with', not 's/he receives' or 's/he is started on'
- Use generic names for medicines rather than proprietary (brand or trade) names if possible. If a proprietary name is more appropriate, use a superscripted ® symbol.
- Use medicines names as written in the British National Formulary (BNF). However, full generic names (e.g. warfarin sodium, metformin hydrochloride) are not necessary unless there is more than one prescribable salt, e.g. calcium gluconate, calcium chloride.
- Use BNF terms to describe classes of drugs, e.g. antidepressants, bronchodilators. Use 'antiseizure medications' rather than 'antiepileptic drugs'.
- Use lowercase to write non-proprietary names of medicines, and an initial capital for (rarely) proprietary medicine names.
- List medications in the stem usually in alphabetical order.
- Use drug doses only where necessary for the question. This includes questions where a student is asked to consider increasing a medication dose as students do not have access to the BNF during the exam and are not expected to remember maximum doses.
- If a drug dose is required, write the dose frequency in common English ('three



times a day' not 'tid' or 'TDS'

- Write 'micrograms', not 'mcg' or 'µg'
- Use 'adrenaline/epinephrine'

### En rules

These are longer than hyphens (the width of the letter 'n') and are used (see keyboard shortcuts):

- between the names of two people in an eponym e.g. Cheyne–Stokes or Epstein–Barr virus
- between words of equal importance that are reversible without altering meaning, e.g. cost–benefit or blood–brain barrier, but not relapsing–remitting or tonic–clonic, which occur in a specific sequence.
- to indicate a range, e.g. 76–96, not 76 – 96 or 76-96
- to denote a minus sign

### Endoscopy

Refer to these as:

- Upper gastrointestinal endoscopy
- Colonoscopy

### Eponyms

- Do not use a possessive apostrophe for eponyms, e.g. use 'Down syndrome' rather than 'Down's syndrome'.

### Ethnicity and nationality

- Use lower case to describe skin colour e.g. white woman, black man
- Capitalise when describing a country or region of origin, e.g. Nigerian, Asian

### Fluid prescription

- Follow the BNF format except
  - Use IV rather than intravenous, except at the start of a sentence in the stem. Answer options can begin with IV.
  - Give volume first, e.g. IV 500 mL potassium chloride 0.15% (potassium 20 mmol/L) / sodium chloride 0.9% over 2 hours

### Gender

- Use man/woman/boy/girl (not male/female/gentleman/lady)

### Greek characters

- Use  $\alpha$ ,  $\beta$ ,  $\gamma$ , etc. rather than alpha, beta, gamma, e.g. TNF- $\alpha$
- The exception is when these form a medication name, written as gamma globulin, interferon beta, beta-blocker, etc.

### Hyphens

- Do not use hyphens for age e.g. write 'A 40 year old man'
- Adjectives comprising prefixes are set as one word (e.g. antituberculous, postoperative), but take a hyphen where there is a risk of mispronunciation (e.g.

un-ionised)

- Words beginning with 'non' are hyphenated (e.g. non-proliferative)
- Inpatient/outpatient are not hyphenated
- Compound modifiers that precede a noun are hyphenated (first-degree heart block, focal-to-bilateral tonic-clonic seizure)
- Use a hyphen where the name of the antibody includes an abbreviation (e.g. anti-Ro), or where the name includes more than one word (e.g. anti-neutrophil cytoplasmic antibodies, anti-smooth muscle antibodies, anti-hepatitis C antibodies)

### Images in question items

- An image within the question should be referred to at the appropriate place in the stem with the term '(see image)' set in parentheses.
- Consent is not needed for images where the patient is not identifiable, e.g. radiology, ECGs, photographs not including the face.
- Images that can potentially identify an individual or involve children require written consent. Please use your own trust's or health board's consent process and send a copy of this to [MSCAA@medschools.ac.uk](mailto:MSCAA@medschools.ac.uk) at the time of question writing.
- Alternatively, there is an MSC image use consent form [\[include hyperlink here\]](#) for this purpose.
- Where you need to ask permission from the owner, please describe the intended use as 'Medical Student Exams' and send confirmation of the agreement to use the image to [MSCAA@medschools.ac.uk](mailto:MSCAA@medschools.ac.uk)
- Images uploaded to the MS AKT bank should not have been used for any other educational purposes e.g. teaching materials, textbooks, assessment items at individual medical schools, other items within general or private MSCAA question banks
- Consider using these copyright-free resources
  - Radiopaedia.org, the peer-reviewed collaborative radiology resource
  - Atlas of Dermatology (*kkh.dk*)
  - DermNet | Dermatology Resource (*dermnetnz.org*)
  - Mind the Gap — Black & brown skin (*blackandbrownskin.co.uk*)
  - ECG Wave-Maven Main Menu (*harvard.edu*)

### Imaging terminology

- Use the following terms:
  - 'X-ray' (not x-ray, x ray or X-Ray), although not strictly correct, is widely understood and need not be replaced by 'radiograph'
  - 'CT/MR/US/isotope scan of ...'
  - 'isotope bone scan'
  - 'ventilation–perfusion isotope lung scan'
- When describing an investigation result in the stem, use a description of the visible record e.g. 'echocardiogram/MR angiogram' rather than that of the

procedure 'echocardiography/MR angiography'.

- When offering choices of procedures in the options list, use a description of the procedure rather than that of the visible record e.g. 'echocardiography' rather than 'echocardiogram'.

### **Inclusive language**

- Include the patient's gender for most questions, particularly those involving diagnosis and management.
- Avoid gendered language where possible, e.g. 'chair' rather than 'chairman'.
- Use 'man/woman with a disability or visual impairment / registered blind, or learning difficulty, not 'the disabled woman', 'the blind person', etc.
- Use 'man/woman' with epilepsy/diabetes mellitus (not epileptic man or diabetic woman)
- Sexual orientation, where appropriate, is either heterosexual, homosexual or bisexual
- Take care to avoid job role gender stereotyping : e.g. homemakers may be men and pilots may be women.
- Do not indicate the gender of health professional, unless this is relevant to the question.

### **Investigations**

Where possible, use the reference ranges provided on the Exam-Write platform. Give the actual value (with reference range in parentheses), allowing students to interpret the data e.g. haemoglobin 120 g/L (130–180) rather than 'he is anaemic'.

- Investigations should be listed in the following order:
  - Laboratory investigations (haematology, biochemistry, endocrine and metabolic, immunology, urine/faeces/ CSF)
  - ECG
  - Radiology
- It is not necessary to include 'Serum' or 'Plasma' (e.g. before Sodium or Glucose) unless the question specifically requires it.
- Do not withhold investigations normally available in clinical practice that would be helpful to answer the question, e.g. serum potassium normally accompanies serum sodium. However, balance this against the need to keep questions short, e.g. eGFR may be sufficient without providing the remainder of the U&E's.
- Investigation names should be capitalised when written as a list of investigations
- Use 'breathing air' (not 'on room air') when giving % oxygen saturation and arterial blood gases.

- When adding blood gas results, use the following style (and the reference range table):

Investigations:

Arterial blood gas breathing 28% oxygen

pH

PO<sub>2</sub>

PCO<sub>2</sub>

Bicarbonate

### **Numbers**

Write one to nine in words, with 10 and over in Arabic numeral, except for:

- 'thirties', 'forties', etc.
- units of time (minutes, hours, days, weeks, months, years)
- abbreviated forms of units (including of red cells for transfusion)
- names of conditions (e.g. type 2 diabetes mellitus)
- symbols

### **Past medical history**

- Avoid the terms 'known', 'known to be' and 'known to have', 'diagnosed with', 'with a history of', in relation to a condition. Write 'She has type 2 diabetes mellitus'.

### **Presenting complaint**

- Use 'has' rather than 'presents with' or 'complains of' e.g. 'A 40 year old man has breathlessness'.

### **Quotation marks**

- Use single (not double) quotation marks. Double quotation marks should be used only for quotations within a quotation.

### **Setting of care**

- This should be given only if it influences the decision about the correct answer.
- Use outpatient clinic, not outpatients

### **Spacing of paragraphs**

- Normally place a paragraph space between history and examination, and before investigations.

### **Spacing within a sentence**

- Use only single spaces to separate words, including after a full stop or colon
- Write <5 or –10 (not < 5 or – 10) (see note on en-rules)
- Write 20% (not 20 %)
- Insert a space between the value and the unit (e.g. 25 mg, 120/70 mmHg)

- Insert a space either side of  $\times$  and  $=$  signs

### Specialty

- Use specialty not 'speciality' when referring to medical specialties

### Spelling

- Use British spelling and grammar (not American), i.e. 'organise' not 'organize', 'colour' not 'color'.

### Subscript and superscript

These can be challenging for people with dyslexia, and so are limited to specific situations.

- Superscript is used for isotopes, e.g.  $^{14}\text{C}$ ,  $^{131}\text{I}$
- Subscript is used for arterial blood gas tensions e.g.  $\text{PO}_2$ ,  $\text{CO}_2$ .
- B12, FEV1, HbA1c, KCO and TLCO are written without subscripting.

### Symbols

- Use the symbol ' $\times$ ', not the letter 'x' (e.g.  $4.2 \times 10^9/\text{L}$ )
- Use the degree symbol in ' $37.0^\circ\text{C}$ ', not a superscript letter 'o' (see keyboard shortcuts)

### Units

- Abbreviate body–mass index as BMI and give the unit, e.g. his BMI is  $28 \text{ kg/m}^2$
- Abbreviate litre as 'L' and millilitre as 'mL', and use  $\text{cmH}_2\text{O}$ ,  $\text{kg/m}^2$ , mmHg
- Spell out micrograms for medication doses, rather than using  $\mu\text{g}$
- Durations of time are written as Arabic numerals, e.g. 5 years
- Units of time are written in full in the stem (hours, minutes, seconds) but abbreviated in the investigations and answers (h, min, s)
- Time of day uses the 24-h clock notation (e.g. 09:00 h)
- Write '% predicted', not '% of predicted'

### Urinalysis

Urinalysis results take the following style:

- Urinalysis: glucose, ketones, blood, protein, nitrites, leucocytes
- Use 'positive' or 'negative'. To show the degree of abnormality use 1+, 2+, 3+ or 4+ (not +, ++, etc.)
- Not all urinalysis values need to be included but values expected to be reported together should be included, e.g. leucocytes and nitrites, glucose and ketones, blood and protein

### Viruses

- Viruses are known by their subfamily names (herpes simplex virus, enterovirus), which are lowercase.

## Appendix 1: List of accepted abbreviations

Common abbreviations for clinical conditions that do not have more than one interpretation and are easily recognisable internationally have been included from September 2023.

Abbreviation	
ABG	Arterial blood gas
ABPI	Ankle–brachial pressure index
ACE	Angiotensin-converting enzyme
ACTH	Adrenocorticotrophic hormone
ADH	Anti-diuretic hormone
ADHD	Attention deficit hyperactivity disorder
AF	Atrial fibrillation
AIDS	Acquired immunodeficiency syndrome
AKI	Acute kidney injury
ALP	Alkaline phosphatase
ALT	Alanine transaminase
ANA	Anti-nuclear antibody
ANCA	Anti neutrophil cytoplasmic antibody
ANF	Anti nuclear factor
AP	Antero-posterior
APTT	Activated partial thromboplastin time
AST	Aspartate transaminase
ATP	Adenosine triphosphate
BCG	Bacillus Calmette–Guérin
BE	Base excess
BiPAP	Biphasic positive airways pressure
BMI	Body–mass index
BP	Blood pressure
CBT	Cognitive behavioural therapy
CD4+	Cluster of differentiation 4 (cell)
CKD	Chronic kidney disease

COPD	Chronic obstructive pulmonary disease
CPAP	Continuous positive airways pressure
CRP	C-reactive protein
CSF	Cerebrospinal fluid
CT scan	Computed tomography scan

CTPA	CT pulmonary angiogram
CTG	Cardiotocograph
CVP	Central venous pressure
DC cardioversion	Direct current cardioversion
DMSA scan	Dimercapto succinic acid (scan)
DNA	Deoxyribonucleic acid
DVT	Deep vein thrombosis
DXA	Dual-energy X-ray absorptiometry
ECG	Electrocardiogram
EDTA	Ethylenediaminetetraacetic acid
EEG	Electro-encephalogram
eGFR	Estimated glomerular filtration rate
EMG	Electromyogram
ERCP	Endoscopic retrograde cholangiopancreatography
ESR	Erythrocyte sedimentation rate
FAST scan	Focussed assessment sonography in trauma (scan)
FBC	Full blood count
FEV1	Forced expiratory volume in 1 second
FFP	Fresh frozen plasma
FNA	Fine needle aspiration
FSH	Follicle stimulating hormone
FVC	Forced vital capacity
GGT	Gamma-Glutamyl Transpeptidase
GABA	Gamma-aminobutyric acid
GCS	Glasgow coma scale
GP	General practitioner

GTN	Glyceryl trinitrate
HbA1c	Glycosylated haemoglobin
hCG	Human chorionic gonadotrophin
HDL	High-density lipoprotein
HIV	Human immunodeficiency virus
HLA	Human leucocyte antigen

ICP	Intracranial pressure
Ig	Immunoglobulin
IGF-1	Insulin-like growth factor 1
IM	Intramuscular
INR	International normalised ratio
ICU	Intensive care unit
IU	International units
IV	Intravenous
JVP	Jugular venous pulse
KCO	Carbon monoxide transfer coefficient
kPa	Kilopascal
LDH	Lactate dehydrogenase
LDL	Low-density lipoprotein
LH	Luteinising hormone
MAP	Mean airways pressure
MCHC	Mean cell haemoglobin concentration
MCV	Mean cell volume
MR	Modified release
MR scan	Magnetic resonance scan
MRCP	Magnetic resonance cholangiopancreatography
MRSA	Methicillin resistant Staphylococcus aureus
NG	Nasogastric
NHS	National Health Service
NSAID	Non-steroidal anti-inflammatory drug
NSTEMI	Non-ST elevation myocardial infarction
OCD	Obsessive compulsive disorder



PA	Postero-anterior
PCO <sub>2</sub>	Partial pressure of carbon dioxide
PCOS	Polycystic ovary syndrome
PCR	Polymerase chain reaction
PE	Pulmonary embolism
PEEP	Positive end expiratory pressure
PEFR	Peak expiratory flow rate

PET	Positron emission tomography
PO <sub>2</sub>	Partial pressure of oxygen
PSA	Prostate specific antigen
PT	Prothrombin time
PTSD	Posttraumatic stress disorder
RNA	Ribonucleic acid
SC	Subcutaneous
SLE	Systemic lupus erythematosus
SNRI	Serotonin-norepinephrine reuptake inhibitor
SSRI	Selective serotonin reuptake inhibitor
STEMI	ST elevation myocardial infarction
TIA	Transient ischaemic attack
TLCO	Transfer factor for carbon monoxide
TNF	Tumour necrosis factor
TSH	Thyroid-stimulating hormone
UK	United Kingdom
US scan	Ultrasound scan
USA	United States of America
UTI	Urinary tract infection
UV	Ultraviolet radiation
V/Q (scan)	Ventilation perfusion (scan)
VDRL	Venereal disease research laboratory (test)
VTE	Venous thromboembolism
ZN	Ziehl–Neelsen (stain)

## Appendix 2

### Advice on coding (tagging)

#### Area of clinical practice

Code to the specialty area that would be the specialist team most likely caring for this patient (or if in primary care, the team that the patient might be referred to).

- **Child health:** Most presentations in children aged under 12 years would be managed by general paediatrics. Thus, a 10 year old with asthma should be coded 'Child health' rather than Respiratory medicine.
- **Medicine of the Older Adult:** Most presentations in elderly people with age-related conditions, complex multimorbidity or frailty, or where best management is to optimise functional independence and well being.

#### Supplementary areas of clinical practice

- **Acute medicine**
  - For acute (within 72 hours) medical presentations, typically managed on an Acute Medical Unit.
  - Note this differs from Emergency Medicine, which implies an immediate threat of death or of ITU care.
- **Surgery**
  - For questions with a surgical theme that would be managed by a surgeon
  - For questions relating to a surgical intervention or its complications or implications.
- **Clinical Imaging**
  - For questions relating to a radiology procedure, either as the basis of the question or as the correct answer.
  - For questions that include an image of the radiology

#### Multimorbidity

- For questions where the patient has three or more chronic medical conditions, i.e. 'complex multimorbidity'. Note that 'multimorbidity' normally denotes having two or more conditions.

#### Equality, diversity, inclusion

- For questions that
  - Mention race, religion or belief, sexual orientation, or gender reassignment
  - Mention skin colour or includes an image showing skin colour
  - Use living with a disability as the focus of the question
  - Use marriage or civil partnership as the focus of the question
  - Use neutral pronouns (they/them/their)